

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212551666			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: FirstComp Insurance Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: C T CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2012</p> <p>SCC ID NO: F1596917</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 222 S 15TH ST #1500N</p> <p style="margin-left: 40px;">CITY/ST/ZIP: OMAHA, NE 68102</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MATTHEW H PARKER TITLE: PRESIDENT ADDRESS: 222 S. 15TH STREET, SUITE 1500N CITY/ST/ZIP/CO: OMAHA, NE 68102 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MATTHEW H PARKER TITLE: PRESIDENT ADDRESS: 222 S. 15TH STREET, SUITE 1500N CITY/ST/ZIP/CO: OMAHA, NE 68102	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	STEPHEN LETAK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	222 S 15TH ST		
CITY/ST/ZIP/CO:	#1500N OMAHA, NE 68102		
NAME:	APRIL DUFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	JAMES P ARNOLD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	222 S 15TH STREET, #1500N		
CITY/ST/ZIP/CO:	OMAHA, NE 68102		
NAME:	RICHARD R GRINNAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	KATHLEEN STURGEON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	GERRY ALBANESE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	F. MICHAEL CROWLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	BRITTON L GLISSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	STEVEN A MARKEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	RICHARD R WHITT, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	KELLI SUE PLUSCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		

NAME:	GENEVIEVE K MURTAUGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KATHLEEN STURGEON	KATHLEEN STURGEON, ASST	6/5/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			